



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION
CERTIFICATE TO DETAIN**

THIS CERTIFICATE MAY BE SERVED AT ANY TIME DAY OR NIGHT – For NCIC entry fax to 406-233-2338
IF YOUTH HAS AN MPI MENTOR, FAX TO 406-453-6793

ORDER TO RETURN YOUTH PAROLEE TO CUSTODY

Name: _____ CTD #: _____ Last Known Address: _____
SS#: _____
Youth ID: _____ CAPS # _____
Sex: _____ Race: _____ DOB: _____
Height: _____ Weight: _____ Eyes: _____ Offense History: _____
Hair: _____ Scars, Marks Tattoos: _____

_____ Alleged Parole Violations: _____

TO ANY PEACE OFFICER OF THE STATE OF MONTANA

_____, having been committed to the Department of Corrections and having violated the conditions of his/her parole as permitted, you are hereby authorized to apprehend _____ and detain the youth for further disposition by the Department of Corrections, dated this _____ day of _____, 20__.

Requestor Signature: _____ Title: _____
Address: _____
Street Address City MT Zip Code
Phone #-Work: (406) Phone #-Home: (406) State

PHYCF AND DETENTION CENTERS: NOTIFY PRIMARY PAROLE OFFICER WHEN YOUTH IS DETAINED.

NAME: _____ TELEPHONE: _____

This certificate is invalid after _____, the expiration of the Department of Corrections jurisdiction.

VERIFICATION OF YOUTH'S DETENTION

I, _____, _____ verify the above listed
Name Position/Agency
Offender is in custody at _____ on _____, _____
Facility Date Time

Signature _____ Date _____

Signature authorizing cancellation of NCIC/CJIN _____ Date Cancelled _____

When Requestor is notified of detention: Fax cancellation to 406-233-2338